## California Health Benefit Exchange Solicitation for Supplemental Vision Benefits Attachment 11 - Performance Measures

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## **Instructions:**

Please complete the table below and respond to the subsequent question related to your organizations Performance Indicators. Performance Measures provided should be relevant to the rating regions for which you are bidding. If you are bidding for a region for which you do not have recent experience, provide your experience for California and note the reason specific region experience is unavailable. If you do not have recent California experience provide your national experience and note the reason California experience is not available.

|      | Performance Measure  | Target | Actual<br>(past 12<br>months) |
|------|--|--------|-------------------------------|
| Cus  | tomer Service:   | •      |                               |
| 1.   | Claim Turnaround Time: Percentage of clean claims processed within 30 calendar days of receipt                               |        |                               |
| 2.   | Financial Accuracy: Percentage of claim dollars paid accurately  |        |                               |
| 3.   | Procedural Accuracy: Percentage of claims without any financial error  |        |                               |
| 4.   | Percentage of callers who reach a live voice within 30 seconds   |        |                               |
| 5.   | Percentage of callers whose issue is resolved on the initial call  |        |                               |
| 6.   | Average speed to answer  |        |                               |
| 7.   | Call abandonment rate  |        |                               |
| 8.   | Percentage of Web site availability (defined on outages rectified within 1 hour)   |        |                               |
| 9.   | Annual turn-over rate for member services staff  |        |                               |
| Util | ization:   |        |                               |
| 1.   | Percentage of membership that received any covered vision service  |        |                               |
| 2.   | Percentage of membership that used materials benefits  |        |                               |
| Rati | ing  | L      |                               |
| 1.   | Target Loss Ratio to be calculated as:   |        |                               |
|      | (incurred claims+ change in contract reserve + quality improvement expense) / (earned premiums - income taxes - premium tax) |        |                               |
|      | Individual   |        |                               |

## California Health Benefit Exchange Solicitation for Pediatric Vision EHB & Supplemental Vision Benefits Attachment 12 - Performance Measures

## **Issuer Name:**

| Performance Measure | Target | Actual<br>(past 12<br>months) |
|---------------------|--------|-------------------------------|
| SHOP                |        |                               |

1. What other metrics are in place to monitor the performance of member services? Provide examples.